

BIRTH TO 3 CONNECTIONS REFERRAL STATUS

Child's Name: _____ SS#: _____

Based upon information available and discussions with _____ (Parent)
and the _____ Birth to 3 Connections program, the following will
occur (options 2 and 3 may occur simultaneously if the child's need indicate):

1. _____ No evaluation is necessary, follow-up is available for the family anytime.
Notice has been provided to the parents. Next contact will be _____.

2. _____ A multidisciplinary evaluation to determine Part C eligibility is
recommended. Parent consent must be obtained to proceed.

3. _____ A referral is being made to _____ school district
by _____ to request evaluation to determine
possible eligibility under prolonged assistance. District referral form has
been completed _____ (date).

Part C Referral Date: _____

Date Consent for evaluation signed by parent: _____

Date IFSP must be completed if child is determined
Eligible for Part C (45 days from referral): _____